

U.S.P.T.O. FAX: 571-273-8300

PTO/SB/21 (12-97)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|--------------------|
| | | Application Number | 10/743,401 |
| | | Filing Date | 12/22/2003 |
| | | First Named Inventor | Dupuis, Timothy J. |
| | | Group Art Unit | 1618 |
| | | Examiner Name | NGUYEN, DUC M |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | SIL.P0068 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request of Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to deposit account number 50-3864 (Johnson & Associates). | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------------|----------------------|-----------------------|--|
| Firm or Individual name | Johnson & Associates | | |
| | Bruce A. Johnson | Customer Number 30163 | |
| Signature | | | |
| Date | November 6, 2006 | | |

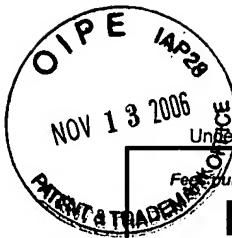
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile or electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|------------------|------|------------------|
| Typed or printed name | Bruce A. Johnson | | |
| Signature | | Date | November 6, 2006 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

| | | | |
|--|--|---------------------|-----------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1618 |
| TOTAL AMOUNT OF PAYMENT (\$ 250 | | Attorney Docket No. | SIL.P0068 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3864 Deposit Account Name: Johnson & Associates

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|----------|-------------|----------|------------------|----------|----------------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)** $25 - 20 \text{ or HP} = 5 \times 50 = 250$

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)** $3 - 3 \text{ or HP} = 0 \times 200 = 0$

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| $100 - 100 = 0$ | $/50 = 0$ | (round up to a whole number) x | 0 | 0 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|------------------|--------------------------------------|--------------|
| Signature | | Registration No. (Attorney/Agent) | 37361 |
| Name (Print/Type) | Bruce A. Johnson | Telephone | 512-301-9900 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant(s):
Dupuis
Application No.: 10/743,401

Filed: 12/22/2003

Title: POWER AMPLIFIER WITH SERIAL
INTERFACE AND ASSOCIATED METHODS

Attorney Docket No.: SIL.P0068

Group Art Unit:
1618

Examiner:
NGUYEN, DUC M

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

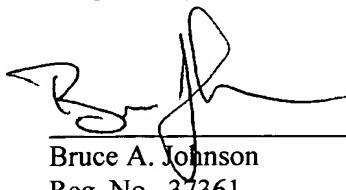
In response to the Office Action dated October 5, 2006, please enter the following response.

The Examiner has made a restriction requirement under 35 U.S.C. § 121. Applicant hereby makes an election of species Group I, claims 2-6, 18, 20, and 21. Claims 1, 14, and 30 are considered generic.

A Preliminary Amendment is being submitted to add new claims 41-45, which are all directed to the elected species.

Should there remain unresolved issues that require action, it is respectfully requested that the Examiner telephone Bruce A. Johnson, Applicants' Attorney at 512-301-9900 so that such issues may be resolved as expeditiously as possible.

Respectfully Submitted,



Bruce A. Johnson
Reg. No. 37361
Attorney for Applicant(s)

11/6/2006
Date

Bruce A. Johnson
Johnson & Associates
PO Box 90698
Austin, TX 78709-0698
Tel. 512-301-9900